

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: Herewith (10/22/03)
Application Type:: Regular
Subject Matter:: Utility
Title:: IMPLANTABLE MEDICAL DEVICES USING ZINC
Attorney Docket Number:: 020154-001210US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 4
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Philippines
Status:: Full Capacity
Given Name:: Pamela
Family Name:: Cifra
City of Residence:: Hillsborough
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 6915 Skyline Blvd.
City of Mailing Address:: Hillsborough
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94010
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Michael
Middle Name:: D.
Family Name:: Dake
Name Suffix:: M.D.
City of Residence:: Stanford
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 665 Gerona
City of Mailing Address:: Stanford
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94305

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Christopher
Family Name:: Elkins
Name Suffix:: Ph.D.
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1021 Woodside Ave.
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94061

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jacob
Middle Name:: M.

Family Name:: Waugh
Name Suffix:: M.D.
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 4020 El Camino Real, #2204
City of Mailing Address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94306

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

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|------------------|---|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | An Appn claiming benefit under 35 USC 119(e) of | 60/421,336 | 10/25/02 |
| | An Appn claiming benefit under 35 USC 119(e) of | 60/421,278 | 10/25/02 |

Foreign Priority Information

Country:: Application number:: Filing Date::